

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10089485 FILING DATE

APPLICANT(S)

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51				
2						52				
3						53				
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47						97				
48						98				
49						99				
50						100				
TOTAL IND.	24					TOTAL IND.				
TOTAL DEP.	37	↓	↓	↓	↓	TOTAL DEP.				
TOTAL CLAIMS	41	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████

PTC-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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